

DEVELOPMENTAL DISABILITIES PROGRAM
Investigation Review Form (IRF)

Agency Name:		Date of Incident:	
Person Name:			

- Did the incident require an investigation? ☐ Yes ☐ No
 Comments:
- As required by policy, were the following people notified of incidents within the required time frames?

Law Enforcement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did LE investigate? <input type="checkbox"/> Yes <input type="checkbox"/> No add comment below			
Child/APS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did CPS/APS investigate? <input type="checkbox"/> Yes <input type="checkbox"/> No add comment below			
DDP Staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Case Manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Legal Representative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Advocate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Licensure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

 Comments:
- If the incident involved any physical injury, change in medical status or alleged sexual abuse, was the alleged victim examined by a non-agency medical professional?
☐ Yes ☐ No ☐ N/A
 Comments:
- Was the Incident Report written with all required fields included and submitted within the required timeframes?
☐ Yes ☐ No
 Comments:
- Were all apparent conflicts of interest between the assigned investigator and witnesses identified prior to assigning the investigator?
☐ Yes ☐ No
 Comments:
- Was the alleged perpetrator(s) involving allegations of abuse, neglect, or exploitation separated from contact with persons during the investigation?
☐ Yes ☐ No ☐ N/A
 Comments:
- Was evidence collected and secured?
☐ Yes ☐ No
 Comments:
- Were all potential witnesses interviewed?
☐ Yes ☐ No
 Comments:
- Were written statements taken?
☐ Yes ☐ No
 Comments:

10. Were interviews recorded?
☐ Yes ☐ No
Comments:
11. Was the incident reviewed, investigated and documented within required timeframe?
☐ Yes ☐ No
Comments:
12. Was the investigation completed and submitted within the required timeframes?
☐ Yes ☐ No
Comments:
13. Was the investigation submitted on the appropriate form?
☐ Yes ☐ No
Comments:
14. Was the investigation signed and dated by the assigned investigator(s)?
☐ Yes ☐ No
Comments:
15. If DDP made exception to the findings and/or conclusions of the investigation, was the agency notified? (Note the exception and agency response.)
☐ Yes ☐ No
Comments:
16. Is there evidence available to show that the agency has taken or is taking actions to complete requirements/recommendations/action plans?
☐ Yes ☐ No
Comments:
17. Was the Administrative Review attached to the Incident Report in data management system? (Note if investigation is closed or is to be continued.)
☐ Yes ☐ No
Comments:
18. QAOS issued:
☐ Yes ☐ No
Comments:

Signature of QIS completing Review

Date